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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FILING DATE SERIAL NO. 09800585 APPLICANT(S)

(FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER
2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. DEP.

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)

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TOTAL IND.